

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003886

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

345

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Louis*

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.*

b. COUNTY

c. CITY
OR TOWN *St. Louis*

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *3912 Kennerly*

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3912 Kennerly

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

*Percy**Heath*

4. DATE OF DEATH

Month

Day

Year

1-5-62

5. SEX

Male

6. COLOR OR RACE

*Negro*7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-18-1901

9. AGE (last birthday)

60

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LAB.

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Rolling Mills

11. BIRTHPLACE (City and state or country)

Camden Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Annos Heath

13b. MOTHER'S MAIDEN NAME

Gennie Scott

14. NAME OF HUSBAND OR WIFE

Birdella Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

*No**No*

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Birdella Heath 3912 Kennerly Ave

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Carcinoma of Pancreas**2 years*

DUE TO (c)

157x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *Nov 15* to *death* and last saw her/him alive on *Dec 27, 1961*
Death occurred at *5⁰⁰ PM Jan 5, 1962* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. Lynn Krause M.D.

22b. ADDRESS

600 S. Kingshighway

22c. DATE SIGNED

Jan 7, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-10-62

23c. NAME OF CEMETERY OR CREMATORY

Camden Cemetery

23d. LOCATION (City, town, or county)

Camden Miss.

24. FUNERAL DIRECTOR

ADDRESS

Jeff Mcckendon 4535 Washington Blvd

25. DATE RECD. BY LOCAL REG.

JAN 9 1962

26. REGISTRAR'S SIGNATURE

Loant Smith M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jefferson McClendon

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.